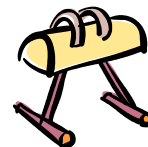


GYMNASTICS CAMP



Program is held at the Academy Gym Monday-Friday according to the following schedule

TEAM LEVEL	SESSION	DATE	DAYS	TIME
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 1	June 19-23	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 2	June 26-June 30	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 3	July 3-7 (canceled 7/4)	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 4	July 10-14	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 5	July 17-21	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 6	July 24-28	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 7	July 31-Aug. 4	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.
Level 3-9; Xcel Silver, Gold, Platinum Xcel Bronze	Session 8	August 7-11	Monday-Friday Monday-Friday	8:45-11:45 a.m. 12:15-3:15 p.m.

LESSON LEVEL	SESSION	DATE	DAYS	TIME
Open to All Lesson Levels: Beginner; Advanced USAG Pre Level I and Intermediate USAG Level I				
All Levels	Session 1	June 19-30	Monday-Friday	12:15-3:15 p.m.
All Levels	Session 2	July 3-17 (canceled 7/4)	Monday-Friday	12:15-3:15 p.m.
All Levels	Session 3	July 17-28	Monday-Friday	12:15-3:15 p.m.
All Levels	Session 4	July 31-Aug. 11	Monday-Friday	12:15-3:15 p.m.

REMINDERS:

- A child may only attend during the session/time that they are registered for!
- Dress in a leotard or shorts and t-shirt.
- **Child Information/Emergency Consent Form:**
Complete the Child Information Emergency Consent Form and send it with your child on their first day of Gymnastics Camp.
- **Snack:**
Snack is not provided, however you should send one with your child. In an attempt to make our environment as safe as possible for those children with serious and often life threatening food allergies, we require each child consume only the food and snacks he/she brings to the program each day. Staff will enforce strict "no food trading/sharing" rules. Instruct your child not to touch, trade or share food with anyone else. Table surfaces will be cleaned and children will wash their hands after snack.
- **Late Pick-Up Fee:**
It is important you pick your child up promptly at 11:45 a.m. or 3:15 p.m. Please be advised that Staff is not available to supervise children after the program ends. Many have other commitments and/or jobs they need to get to. The Parks & Recreation Department reserves the right to charge a **\$15 late fee** to parents picking children up **after 11:55** for the a.m. session and **after 3:25** for the p.m. session. The staff member left to wait with your child will be responsible for collecting the fee. Children who have not been picked up by the time the building closes may need to be brought to the Parks & Recreation Office or Glastonbury Police Department.

Thank you for your anticipated cooperation.

For more information, contact the Parks & Recreation Office at 860-652-7679.

GLASTONBURY PARKS AND RECREATION DEPARTMENT
GYMNASTICS CAMP
CHILD INFORMATION/EMERGENCY CONSENT FORM

This form, in the event of an emergency, will provide the Gymnastics Staff with the information needed to care for your child. For your child's safety and protection, this form **MUST** be completed and returned with him/her on their first day of attendance at the program.

Child's Name _____ Birth date _____ Age _____

Address: _____ Home Phone _____

Sessions Attending:

Lessons:	Session 1 _____ (June 19-30)	Team:	Session 1 _____ (June 19-23)	Session 5 _____ (July 17-21)
	Session 2 _____ (July 3-14)		Session 2 _____ (June 26-30)	Session 6 _____ (July 24-28)
	Session 3 _____ (July 17-28)		Session 3 _____ (July 3-7)	Session 7 _____ (July 31-Aug. 4)
	Session 4 _____ (July 31-Aug. 11)		Session 4 _____ (July 10-14)	Session 8 _____ (Aug. 7-11)

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian(s) and where they may be **REACHED** by phone during the day in case of a problem/emergency.

1) Mother/Guardian _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Work Phone _____

2) Father/Guardian _____ Home Phone _____ Cell Phone _____

Name of Employer _____ Work Phone _____

OTHER CONTACT(S)

Name and number of person(s) to contact in the event Parent/Guardian cannot be reached

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SPECIAL NEEDS

In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Gymnastics Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

MEDICAL INFORMATION

If your child is on medication or requires medication in the event of an emergency (i.e. ritalin, food allergy, asthma etc.) **YOU** must obtain and complete an **Authorization For Administration of Medication** form prior to the start of the program. Forms are available at Parks & Recreation Office or from our website (www.glastonbury-ct.gov) Click on parks & recreation website, downloadable forms, medication).

Known Medical Conditions _____

Known Allergies _____

Medication to be Administered _____

Child's Name _____

EMERGENCY INFORMATION

I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If in the opinion of the Gymnastics Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals:

If the situation permits, I prefer one of the following physicians:

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for:

Child's Name: _____ Age: _____ during
my absence while my child is under the care of the Glastonbury Parks and Recreation Department program Staff.

I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Signature: _____ Date: _____

Relationship: _____

For your child's safety and protection, this form MUST be completed and returned with him/her on their first day of attendance at the program.